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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE SMALL ENTITY \$1700 02/05/2007 NO \$1400 \$300 \$0 nonprovisional **CLASS-SUBCLASS** ART UNIT **EXAMINER** 01/19/2007 HMARZI2 00000013 10728797 347-049000 LEBRON, JANNELLE M 2861 400.00 OP 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent from pregential 4 300.00 OP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. 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